

Ward / Area / Hospital	Date of Visit /Report	Purpose of Visit by CHC	Feedback from Staff	Patient's Views	Matters Commended by CHC	Matters of concern that require a response from UHB	UHB Response	Comments / Date response submitted to CHC
Ward 2, Singleton	Visit undertaken on 18.06.19 Report received 19.07.19 and 11.10.19	To observe whether Gynae patients were being compromised due to male patients using single cubicles and 4 bed bays rendering single sex toilets and washing facilities as unisex	Informed that they have mainly female patients on the Ward. In process of fixing the rail and curtain to offer privacy where the single cubicle and separate toilet are - one on each side of reception. On right side of reception - no male patients are placed there - only women including Gynae.	All patients spoken to were very pleased with their care. Patients were in between 1 - 9 days. All patients on right of the reception did not see any male patients using the toilet/washroom. Patient in for 9 days not offered any way of washing hands prior to mealtimes although needed assistance to the toilet and bathroom due to dizziness and mobility.	Ward Sister has strived to ensure female only patients on right side of ward, where Gynae patients are (there are also 5 female patients to left of reception desk - these are not Gynae patients) Ward Sister has ordered rail and curtains for private cubicle and toilet Ward Sister has had conversations with bereavement midwife over patients who have experienced a miscarriage	Left hand 4 bed area and cubicle (room 4) with a toilet directly outside the room, on the toilet door it indicated the toilet was for room 4 only, however, on the day of the visit it was observed patients from the 4 bed area were also using the toilet. Two single toilets had male signs, yet when questioned SB CHC were advised they are female only toilet. Patients in for 9 days not offered any way of washing hands prior to mealtimes although needed assistance to the toilet and bathroom due to dizziness and mobility. Starters/mains/deserts all offered at the same time.	Patients shown layout of ward and designated toilets to sue when admitted to ward (COMPLETED) Correct signage on toilet doors indicating which are for male and female usage (COMPLETED) All bed bound patients are offered wipes prior to meals Patients are given all courses at one time due to the limited over to table time	HB response sent to CHC on 26.07.19 and 27.11.19
Ward 7, Singleton	Visits undertaken on 26.03.19 and 30.04.19 Reports received 12.06.19 and 30.10.19	Undertake and unannounced visit to all areas of Ward 7, Singleton Hospital	Unable to give feedback as all Staff in Meeting	Ward very noisy and hot Lack of bed linen - especially pillows. Pillows taken from one patient to give to another Constantly short staffed Sometimes left in toilet due to staff shortages Emergency buzzer out of reach some not connected No washing of hands prior to lunch No welsh speaker available Not treated with dignity and call all the time - some female nurses are	Staff friendly and welcoming Food was hot and informed tasty with good size portions. Staff assisted patients with cutting up their meals as required Patient assisted by staff and visitors with eating their lunch CHC assisted patients with opening food items	Ward very noisy and hot	All televisions, especially in the ward Bay Area to be turned off by 10 PM. Those who wish to listen to music or use devices that would make noise will be advised to use earphones - All night staff to be considerate of possible noises produced when carrying out their duties e.g. closing doors, moving furniture, soft closing bins in use and to communicate in moderate voice to limit unnecessary noise disruptions to patients. Ward is sometimes warm especially at night when hospital heating continues to be utilised as some patients	HB responses sent to CHC on 23.10.19 and 14.01.20 In addition, Jan Worthing invited and attended the CHC Executive Meeting on 19th November, 2019 to address outstanding concerns in person. Quality assurance audits to be completed on rolling monthly programme by Matron and Unit MDT Ward manager to review daily, at different times and

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				<p>not very nice. make me feel guilty for pressing the buzzer</p> <p>Time taken to answer patient buzzer</p> <p>Shortage of certain medical equipment delaying treatment</p>		<p>Lack of bed linen - especially pillows. Pillows taken from one patient to give to another</p> <p>Constantly short staffed Ward is staffed to establishment number for 10 beds. All other staff are bank/agency in order to staff the additional 5 beds currently open and any sickness/vacancy</p> <p>Ongoing work in unit to close the additional capacity as soon as is reasonable practicable</p> <p>Sometimes patients left in toilet due to staff shortages</p> <p>Emergency buzzer out of reach some not connected</p> <p>No washing of hands prior to lunch</p>	<p>complain of the wards being cold despite warmer weather.</p> <p>Liaise with laundry department to ensure the stock of linen and linen in the ward is increased.</p> <p>Bank and agency staff to supplement ward establishment. Ward acuity is recorded and assessed daily.</p> <p>Daily midday staff meeting continues to risk assess ward staffing and to move staff if required to mitigate risk.</p> <p>Ongoing HB and Unit recruitment programme to recruit into vacant nursing posts.</p> <p>SDU continue to actively recruit registered nurses through a number of means. Bank and agency staff to supplement ward establishment. Ward acuity is recorded and assessed daily. Daily midday staff meeting continues to risk assess ward staffing and to move staff if required to mitigate risk</p> <p>Staff are to stay with patient at all times when patients who are not independently mobile are in the toilet.</p> <p>Ward manager to review daily and safe rounding to continue</p> <p>Staff are to assess need for patients to access the buzzer at all times and to ensure buzzers are in reach.</p> <p>Ward manager to review daily and safe rounding to continue</p> <p>Staff to continue to offer patients the opportunity to wash hands prior to meal times in line with All Wales nutrition standards</p>	<p>to liaise with the estate department if heating requires adjustment</p> <p>Complete</p> <p>Stock monitored daily at ward level by Ward manager and escalated to Matron if issue reoccurs</p> <p>Ongoing situation</p> <p>Discussed at unit level. Extra capacity beds are closed when opportunity allows when hospital reaches low escalation levels</p> <p>Complete To be monitored through F&F</p> <p>Monitored daily by Ward Manager</p> <p>Complete</p> <p>To be monitored through F&F feedback</p> <p>Complete</p> <p>Monitored daily by Ward Manager</p>

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						<p>No welsh speaker available</p> <p>Not treated with dignity and call all the time - some female nurses are not very nice. make me feel guilty for pressing the buzzer</p> <p>Time taken to answer patient buzzer</p> <p>Patient advised of shortage of certain medical equipment delaying treatment</p> <p>Male urinal pots left on several canter leaver trolleys which patients were eating lunch from</p>	<p>There are a number of substantive staff who speak welsh although this cannot be guaranteed every shift If a patient requires to communicate in Welsh (or any language other than English) the ward will provide this e.g. language line</p> <p>Staff are to be considerate and empathetic to patients needs at all times.</p> <p>SBU 'Values' training to be provided to all ward staff.</p> <p>Reiterate to all staff to prioritise answering patient's buzzer as soon as is practically possible.</p> <p>Ward manager to review daily and safe rounding to continue</p> <p>Unclear of what equipment was being referred to.</p> <p>Equipment stock reviewed by Ward Manager and Matron and found to be sufficient.</p> <p>If any equipment is identified as not held on ward and required by patients to be escalated immediately to Matron to progress.</p> <p>No suggestion that urinal bottles were full</p>	<p>Complete</p> <p>Quality assurance audits to be completed on rolling monthly programme by Matron ad Unit MDT</p> <p>Monitored daily by Ward Manager</p> <p>Monitored through F&F, feedback forms and PALS team</p> <p>Complete</p> <p>Ongoing Quality assurance audits to be completed on rolling monthly programme by Matron and Unit MDT</p> <p>Monitored daily by Ward Manager</p> <p>Monitored through F&F, feedback forms</p> <p>Complete</p> <p>Complete</p> <p>Quality assurance audit to be</p>

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						<p>Fire door wedged open - closed by CHC member at time of visit</p> <p>4 patient files left open and unattended on patient record file trolley in corridor</p> <p>Ward round continued during lunch</p> <p>Patient told to fill their water jug from sink in side room when requesting fresh water refill</p>	<p>Staff advised to have strict adherence to All Wales Nutrition standards and prepare each patient and area prior to meal times.</p> <p>Specifically staff are to check that urinals have not been used prior to placing food on trolleys.</p> <p>Ward manager to review daily and safe rounding to continue</p> <p>All staff to comply with fire regulations and SBU policy.</p> <p>Every staff member to complete e-learning fire training and ward based trainer to ensure face to face training is delivered to all staff.</p> <p>All staff to comply with information governance policy.</p> <p>E- Learning information governance training to be completed by all staff.</p> <p>Protected mealtimes are to be enforced by all medical, nursing staff in line with All Wales nutritional standards.</p> <p>Hostesses to continue with changing water jugs 3 times daily as per Health & Care standards</p>	<p>completed on rolling monthly programme by Matron and Unit MDT</p> <p>Monitored daily by Wards manager</p> <p>Complete</p> <p>Quality assurance audit to be completed on rolling monthly programme by Matron and Unit MDT</p> <p>Monitored daily by Wards manager</p> <p>Complete</p> <p>Complete</p> <p>Quality assurance audit to be completed on rolling monthly programme by Matron and Unit MDT</p> <p>Complete</p> <p>Nurse in charge to monitor prior to each meal time.</p> <p>Monitored through Ward Quality Assurance Visits</p> <p>Complete</p> <p>Quality assurance audit to be completed on rolling monthly programme by</p>

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						<p>Male bathroom full of boxes and access to wash basin blocked with 4 items of equipment. One box was perched on the side of the bath.</p> <p>Overhead bath shower had no showerhead - shower pipe in bath No shower curtain - shower rail on floor</p> <p>Light switch pull cord with no grip handle</p> <p>2 patients eating lunch lying flat in their beds</p> <p>Day room is used for storage</p> <p>Equipment stored in corridor and any room with space available</p> <p>No hand wipes available/visible or offered for patients who cannot access the sinks</p>	<p>All equipment moved and stored appropriately</p> <p>Faulty equipment reported to estates</p> <p>The bath has been removed as it was non functional</p> <p>Faulty equipment reported to estates The curtain rail has been restored.</p> <p>Faulty equipment reported to estates. There is a grip handle in place</p> <p>Staff are to position patients appropriately prior to meal times in line with All Wales nutrition standards</p> <p>All unnecessary equipment to be removed from the day room by staff Recognising that storage space is limited, all staff to be made aware not to use the day room for storage</p> <p>Staff are to prepare patients appropriately prior to meal times in line with All Wales nutrition standards</p>	<p>Matron and Unit MDT</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Monitored daily by Ward Manager</p> <p>Complete</p> <p>Monitored daily by Ward Manager</p> <p>Complete</p> <p>Monitored daily by Ward Manager</p> <p>Complete</p> <p>Quality assurance audits to be completed on rolling monthly programme by Matron and Unit MDT</p>
	(Member 1)					Staffing levels are only for 10 beds with the additional 16/17 covered with agency or bank staff. In the response they say the wards has only a 10 bed establishment; I am not sure this is correct as it is a 27 bed ward; which was full on the 2 occasions I visited. They make no mention of vacancies or if they are trying to recruit to their full capacity of 27 beds. The first time SBCHC members visited, there was one nurse and one HCSW for 27 beds.		Additional CHC Member(s) comments received on 30.10.19 following SBU HB response

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						<p>The second time staffing had improved but over half were band/agency staff.</p> <p>SBCHC found a number of estates issues when we visited and in the response it mentions they were escalated to the Estate Department on 6th may, but in the response they still have not been completed. Could SBCHC members have an update of when they were complete?</p> <p>The response also mentions the Ward manager is going to be responsible/monitor a number of concerns we raised. The Ward manager was on duty when we visited and therefore the issues raised were not addressed at the time of visit.</p> <p>The noise problem was not from the refurbishment work, but the everyday noise within the ward, by staff and visitor</p> <p>Ward was hot – not warm at all times even during our visit. Not one patient complained about being cold.</p> <p>Linen shortage – patients had complained regarding shortage – but with no improvement seen</p> <p>We were informed that it was a 27 bed ward – and also informed that the ward was short staffed on a daily basis even with Agency and Bank staff on duty. There were no escalation beds in situ on either of our 2 visits.</p> <p>During both of our visits no patients were offered hand washing opportunities prior to their meals</p> <p>Not made aware of any equipment shortage during our visit Male urinals were not checked prior to placing food on the trolleys – in the bays we were present at the time food was delivered</p>		

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	(Member 2)					<p>The Estates work was reported in May and there is nothing in the plan to say it has been completed and we are now in October.</p> <p>Ward 7 is staffed for 10 stroke beds and the remaining 16/17 beds are surge beds. SB CHC members have visited this ward twice and it was at full capacity at 28 beds. These are not surge beds. SBUHB are implying the other surge beds are staffed by bank/agency but it's a 28 bedded ward, it never has only 10 patients. Surge beds or their other name; escalation beds are normally placed in the day room</p> <p>The Fire Door was wedged open with a chamfered piece of wood not an electronic catch</p> <p>SBCHC visiting members were made aware during the first visit that the Ward manager was on long term sick, so who is responsible for auctioning the points raised by CHC</p>		.
Strawberry Place GP Surgery	<p>Date of Visit 28.06.19</p> <p>Report received 11.10.19</p>	CHC members visited Strawberry Place Surgery		It was noted in the patient experience forms and speaking to patients on the day of the visit how complimentary the patients were regarding the whole experience within this practice. Triage worked well with some relaxed attitudes about patients showing up at reception having not called in beforehand. Very complimentary of the GPs and their care		<p>Ensure that the surgery opening times and out-of-ours information is accessible & visible to patients at all times</p> <p>The report identified concerns with the uneven footpath leading to the surgery. Take steps to ensure that patients can access the surgery safely and without difficulty, particularly people with limited mobility or sensory impairment</p> <p>Ensure signs and symbols for toilets are visible from all areas</p>	<p>This is displayed on our doors and waiting area</p> <p>The practice was purpose built in accordance with Health & Safety.</p> <p>Approximately 4 years ago at the request of the practice a Handrail was installed by our Landlord to assist patients in accessing the practice.</p> <p>We also have a practice wheelchair that is used for patients if they are unable to walk up the footpath.</p> <p>Updated risk assessment to be completed.</p> <p>We are working with our Dementia Support Worker as part of an audit to ensure that the practice is Dementia Friendly. As a result posters will be placed on the toilet doors. The waiting room toilets are visible from the waiting area.</p>	HB Comments sent to CHC on 20.11.12

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						<p>Remedy the faults noted in the disabled toilet:</p> <ul style="list-style-type: none"> • Light cord pull • On / off button on the hand drier <p>Provide seating in the waiting area which is fit for purpose, suitable for all types of patients and comfortable to sit on.</p> <p>Ensure that the Surgery's Chaperone Policy is clearly displayed in the waiting area, in all clinical areas and annotated in the practice leaflet as well as on the practice website</p> <p>It was noted that the practice does not currently run a Patient Participation Group to discuss practice issues and patient experience – does the practice have plans to set one up?</p>	<p>Hand dryer and the light cord has been replaced.</p> <p>The chairs are fit for purpose and the chair that was broken has been removed. Checks are in place to ensure chairs are not broken/damaged or faulty.</p> <p>They are protected with a coating to prevent stains. The practice has had no complaints regarding the seating and would welcome suggestions on what seating the CHC think is fit for purpose</p> <p>Our Chaperone Policy is displayed on our TV Screen. We have displayed the Chaperone Policy in the waiting area. However, the GP's do not think that this can be displayed clearly in their rooms. We will arrange for this to be mentioned in our practice leaflet and practice website. We have also displayed these in the patient toilets</p> <p>The Cluster is considering setting up a Cluster Participation Group to help patients of Cwmtawe Cluster feed back and suggest ideas for improving services.</p>	
Llansamlet GP Surgery	<p>Visit undertaken on 01.08.19</p> <p>Report received on 11.10.19</p>				<p>Well-equipped surgery, bright and clean</p> <p>Excellent toilet facilities Typical couch style seating areas, these seats do have a good height to them</p> <p>Noticeboard areas are well – organised, not crowded and in sections</p> <p>Hearing loop and microphone systems in place for deaf patients</p>	<p>The issue of car parking provision for disabled patients could be improved.</p>	<p>Cost is prohibitive</p> <p>Improvement grant in 2014 did not allow for additional disabled car parking bays</p> <p>Practice will consider adding and additional disabled parking bay if any changes or extensions be made to the exterior of the surgery premises in the future</p>	HB comments sent to CHC on 02.12.19

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Princess Street Surgery, Gorseinon	Visit undertaken on 30.10.19 Report received on 13.12.19			Sources of negative feedback were mostly to do with the following: - Experience of telephone triage - Call-back delays	Reception staff courteous & helpful Interior and exterior of surgery well maintained Good accessibility generally for disabled patients	Opening hours and out-of-hours information not accessible or visible outside of surgery Lighting appeared inadequate Reception desk does not have a lowered hatch for wheelchair users Signage displayed on doors only Noticeboards appeared rather cluttered Only bench style seating available in waiting area Confidentiality – the risk of patients being overheard at the reception desk NHS complaints procedure available on practice website only Absence of a patient participation group or similar group		Response requested by w/c 6 th January, 2020
Cwmlllynfell GP Surgery	Visit undertaken on 21.10.19 Report received on 16.12.19			Sources of negative feedback were mostly to do with the following: Experience of telephone triage, namely: - Difficulty accessing the GP - Staff not checking patient postcodes thus sending patients further afield than necessary for appointments Patients told us they were concerned about the proposed closure of Cwmlllynfell surgery, namely: - their inability to travel further afield	Reception staff helpful and courteous Interior and exterior of surgery clean & tidy however the practice would benefit from some updating 'Carers champions' run by 2 non-clinicians who look out for the patients Patients receive reminder text/SMS for flu vaccinations	No surgery name signage in sight on premises No out-of-hours information in sight outside surgery Parking facilities & surgery accessibility: Carpark surface appeared rough and uneven Path leading to the surgery appeared uneven and cement was broken in areas Patients required to cross a main road Main entrance door – this is not automatic and may cause difficulty for wheelchair users, prams etc.	This will be considered and discussed with SBUHB Poster has been updated The Car Park is not owned or leased by the practice or Health Board it is privately owned There is no capacity for drop off spaces adjacent to the surgery and the property is located on a steep hill with a limited footpath width so this is difficult to implement The width of the entrance corridors is less than the recommended minimum width of 1.2 metres in accordance with building regulations and given the restricted layout, it will be very difficult to install an automatic door without further restricting the corridor width.	HB Response sent to CHC on 16.01.20

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				- Costs of travel to appointments at other surgeries		<p>Toilet facilities:</p> <p>Toilet seat too low for disabled patients</p> <p>Faulty toilet seat</p> <p>No presence of an emergency alarm in toilet for patients</p> <p>Toilet door difficult to open</p> <p>Light bulb missing outside unisex toilet</p> <p>No baby changing facilities available</p> <p>Hearing loop present but inactive</p> <p>Internal signage: No bilingual / dementia friendly signs on display directing patients</p> <p>Noticeboards appeared cluttered</p> <p>NHS complaints procedure is displayed, however it is difficult to read in small font</p> <p>Absence of patient seating of varying heights and styles</p> <p>Confidentiality – the risk of patients being overheard at the reception desk</p> <p>No feedback forms available near suggestion box</p>	<p>Without extending the property, it is not possible to provide a fully accessible disabled toilet as the room is too small accordance to current building regulation. Access to the toilet is also difficult to improve given the existing site layout.</p> <p>The toilet seat will be replaced</p> <p>The light will be replaced</p> <p>An emergency assistance alarm will be reviewed and installed as appropriate</p> <p>The practice acknowledge that this is an old system and will review the purchase of a replacement</p> <p>Signs are being updated to ensure they are bilingual and dementia friendly</p> <p>Reception team have responsibility for this and this has been actioned</p> <p>Complaints procedure is on display in waiting rooms, reception area, on website and in practice leaflet. The Practice will increase the font size of the ones on display</p> <p>Due to the layout of the waiting room, the practice is unable to replace current seating without a refurbishment</p> <p>There is no capacity to provide private areas for discussions with patients within the existing building layout. There are rooms upstairs but no disabled access and the existing stairs are not compliant with current building regulations so should not be used for public access. If the Practice has a spare room at the time – this will be utilised. Waiting room is away from reception and music is played to minimise over hearing.</p> <p>Feedback to the practice can be given via the suggestion box in the waiting room, or via feedback via the website.</p>	

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						<p>No CHC posters on display</p> <p>No indication of the practice operating a chaperone policy</p> <p>No Patient Participation Group or similar group set up</p>	<p>The Practice will source information and ensure that this is displayed and will add details onto the practice website and practice leaflet</p> <p>Chaperone poster is displayed in waiting room and in all clinical rooms. Website and practice leaflet will be reviewed to include information.</p> <p>The Practice did have a patient participation group previously but this was disbanded. Due to patient engagement ongoing currently in regards to the practice model and premises the Practice advised it will not progress to establish a PPG at this time but will continue to actively engage in the cluster patient engagement work</p>	
Pontardawe GP Surgery	<p>Visit undertaken on 23.10.19</p> <p>Report received on 17.12.19</p>			<p>Sources of negative feedback were mostly to do with the following:</p> <p>Experience of telephone triage, namely:</p> <p>The triage process</p> <p>Delays with call-backs: one patient reported receiving a call-back 6 hours later</p> <p>Positive patient feedback related to staff attitude and quality of service</p>	<p>Interior and exterior of surgery is clean and tidy</p> <p>Accessibility in to surgery from outside meets patient needs</p> <p>Staff helpful and courteous</p>	<p>Opening times & out-of-hours information not accessible or visible to patients outside of surgery</p> <p>Absence of an individual disabled toilet</p> <p>Hearing loop is not functional</p> <p>Absence of clear signage to the toilets, exit and consulting rooms</p> <p>Absence of patient seating of varying heights and styles</p> <p>Patient notice/information board at the time of visit was inaccessible to patients because it was obstructed by a portable screen</p> <p>Meeting with Practice Representatives</p> <p>Proposed changes to service, relocations and developments:</p> <p>The Practice Manager told us that there may be the opportunity to create an additional consultant room and interview room</p> <p>Transformation project, physiotherapy and well-being</p> <p>Communications officer to be employed</p>		Response requested by W/C 13 th January, 2020

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						<p>Phlebotomy DNA rates: 1233</p> <p>Additional Concerns: Practice Manager stated concerns with waiting times for secondary care</p> <p>Increased GP workload</p> <p>Needing quicker access</p> <p>Confidentiality – the risk of patients being overheard at the reception desk</p> <p>NHS complaints procedure was not visible in the surgery on the day of the visit</p> <p>No CHC posters on display</p> <p>Absence of a comments/suggestion box for patients to provide feedback</p> <p>No indication of the practice operating a chaperone policy</p> <p>At the time of visit, no Patient Participation Group or similar group was set up</p> <p>Accessibility of the Practice leaflet</p>		
Ystalyfera GP Surgery	<p>Visit undertaken on 15.10.19</p> <p>Report received on 17.12.19</p>			<p>Sources of negative feedback were mostly to do with the following:</p> <p>Experience of telephone triage, namely:</p> <ul style="list-style-type: none"> - The triage process - Difficulty accessing a GP - The inability to schedule a call-back to a time that suits the patient - Delays with call-backs: one patient reported receiving a call- 	<p>Positive patient feedback related to staff attitude and quality of care</p> <p>Reception staff welcoming and courteous to patients</p> <p>Notice boards were relevant, easy to read and kept up to date. A patient information screen provides useful updates about health care and what services are available in the local community for patients.</p> <p>Patients are sent text/SMS reminders for Flu vaccinations</p>	<p>Difficulty viewing surgery opening times on sign due to the small font size</p> <p>Out-of-hours information not visible outside</p> <p>Main corridor into surgery appeared cluttered</p> <p>Environmental cleanliness on the day:</p> <p>Waiting room appeared dusty</p>	<p>Poster has been updated</p> <p>Corridors have been cleared from clutter and are accessible</p> <p>This has been escalated to estates and facilities as cleaning is undertaken by SBUHB estates department.</p> <p>Primary Care Estates Management have advised that this has now been</p>	HB Response sent to CHC on 16.01.19

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				<p>back 1 week later</p> <ul style="list-style-type: none"> - 1 patient told us they had received an answerphone message which conflicted with information provided by staff - Difficulty travelling to other surgeries - Divulging confidential & sensitive information to the receptionist, & - The inability to articulate ones symptoms accurately over the telephone <p>Other negative comments were about:</p> <ul style="list-style-type: none"> - Waiting times for blood tests - Delays with prescriptions reaching the local pharmacy 		<p>Toilet facilities:</p> <ul style="list-style-type: none"> - Toilets & sinks appeared dirty - Leak identified in female toilet and water on the floor - Towel holder loose and hanging off wall in female toilet - Baby changing mat was ripped, exposing the sponge interior <p>Absence of an individual disabled toilet. Disabled patients and parents with pushchairs may find access to the general toilets difficult:</p> <ul style="list-style-type: none"> - No handrail / grab rail in toilets - No raised toilet seat - Absence of any form of alarm in toilets, e.g. pull cord/button <p>Hearing loop not available</p> <p>Rubbish bin located under dropped section of reception desk that may pose difficulty for a wheelchair user accessing the reception area</p> <p>Absence of clear signage to the toilets, exit and consulting rooms</p> <ul style="list-style-type: none"> - Universal toilet Symbol too small on toilet door <p>Seating in the waiting area:</p> <ul style="list-style-type: none"> - Material – Fabric - Seating all of the same height and style - No provision at reception for patients who require confidential discussions <p>No CHC posters on display</p>	<p>reviewed with the facilities team and actions taken to remedy.</p> <p>Jobs had been previously reported to estates:</p> <p>Leak has been fixed</p> <p>Hand towel holder still awaiting repair</p> <p>Baby changing mat has been changed</p> <p>This will require consideration in line with any future redevelopment of the site.</p> <p>The practice will consider this recommendation and investigate further</p> <p>Waste bin has been removed and reception is now accessible. It is wheelchair accessible.</p> <p>We will consider this recommendation and investigate further, will be considered in future site refurbishment.</p> <p>Currently the practice does not have the capacity to offer an additional room for confidential discussions with receptionist every time. If there is a spare room available at the time, this will be used for confidential discussions. Reception is configured so chairs are away from the waiting room. The practice has converted former storeroom into an interview room</p> <p>The Practice will source information and ensure that this is displayed and will add details onto the practice website/practice leaflet.</p>	

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						<p>No feedback forms visible near the comments/suggestion box</p> <p>No indication of the practice operating a chaperone policy</p> <p>No Patient Participation Group set up</p>	<p>Feedback to the practice can be given via the suggestion box in the waiting room or via feedback via the website</p> <p>Chaperone poster is displayed in waiting room and in all clinical rooms. Website and practice leaflet will be reviewed to include information.</p> <p>The Practice did have a patient participation group previously but this was disbanded. Due to patient engagement on going currently in regards to the practice model and premises the Practice advise they will not progress to establish a PPG at this time but will continue to actively engage in the cluster patient engagement work.</p>	
Dyfed Road Surgery	<p>Visit undertaken on 11.11.19</p> <p>Report received on 20.12.19</p>			<p>Sources of negative feedback were mostly to do with the following:</p> <p>Access into the surgery – 50% of patients told us that access was either poor or very poor</p> <p>Booking appointments</p> <p>one patient told us they would like to be able to make an appointment later in the day, outside of working hours</p> <p>Waiting time to access a GP</p> <p>Some patients told us that medical staff were not always aware of their medical history, and that treatments were not always explained to them adequately</p> <p>Continuity of care - not seeing the same</p>	<p>Interior and exterior of surgery is clean and tidy</p> <p>Wheelchair available for patients</p> <p>Staff helpful and courteous</p>	<p>1. Parking facilities & surgery accessibility:</p> <ul style="list-style-type: none"> - 1 designated parking space for disabled service users - Surface outside of and around surgery entrance appeared rough and uneven with several potholes identified on the day of CHC visit <p>Opening times & out-of-hours information not accessible or visible to patients outside of surgery</p> <p>Absence of patient seating of varying heights and styles</p> <p>Absence of a comments/suggestion box for patients to provide feedback</p> <p>All patients are called to their appointments using a screen only</p> <p>At the time of visit, no Practice Patient Participation Group or similar group was set up, only a cluster group</p>		Request for response by W/C 13 th January, 2020

Ward / Area / Hospital	Date of Visit /Report	Purpose of Visit by CHC	Feedback from Staff	Patient's Views	Matters Commended by CHC	Matters of concern that require a response from UHB	UHB Response	Comments / Date response submitted to CHC
				<p>GP contributes negatively to patient experience</p> <p>Many patients told us that they felt the parking situation at the surgery was very poor. One patient told us they needed to pay to park at another location. Positive patient feedback related to:</p> <p>Helpfulness of reception staff</p> <p>GP's:</p> <p>Providing treatment explanations</p> <p>Understanding patient concerns</p> <p>Greeting patients</p>				
Phlebotomy Service, Morriston Hospital	<p>Visit undertaken on 23.09.19</p> <p>Report received on 08.01.19</p>	Unannounced visit to the Department	<p>The Phlebotomy reception desk we were told was usually staffed 8.00 am to 5.00 pm, however, it was not manned on the day due to sickness. The normal compliment of staff was 15 however, on the day of the visit only 8 were on duty.</p> <p>SB CHC were advised by a phlebotomist that the department was understaffed due to staff on Maternity leave. These shifts were covered by Bank Staff.</p> <p>Normally 3 Phlebotomists were on duty within the department, there were only 2 in on the</p>	<p>Several patients advised they attend Morriston Phlebotomy department due to cancellations made at their own GP practice. A patient advised that their GP practice only offers phlebotomy services on particular days over the week. One individual advised it is quicker for them to attend Morriston Phlebotomy department for 15 years.</p> <p>A few patients advised on the day of the visit it can be busy during mid-morning when waiting for phlebotomy services, whilst another</p>	The main waiting area was observed as being clean and tidy. There were only 7 seats in the second waiting area where patients ait before receiving a blood test. This area is also clean and tidy.	<p>The CHC recommends that:</p> <p>If patients are experiencing a delay in phlebotomy services due to staff shortages, there be a system in place to notify patients of longer wait times.</p> <p>INR patients be informed that they can receive INR testing at their own GP practice. However, if they choose to attend the Phlebotomy department in Morriston Hospital then there may be delays experienced. The CHC recommend that patients are provided with the days in which INR services are being carried out at the hospital in order to prevent them making unnecessary visits to the department.</p> <p>A system be implemented for patients who are sent for phlebotomy services via their consultant, to ensure they are made aware of the correct pathway when attending the department. This</p>		Response requested by 22 nd January, 2020

Ward / Area / Hospital	Date of Visit /Report	Purpose of Visit by CHC	Feedback from Staff	Patient's Views	Matters Commended by CHC	Matters of concern that require a response from UHB	UHB Response	Comments / Date response submitted to CHC
			<p>day of the visit due to sickness</p> <p>We were informed by staff that full time INR testing was carried out in GP surgeries, but some patients still arrived at Morriston hospital due to long waiting times in their surgery, and INR testing only being performed on certain days.</p>	<p>patient stated it is always busy.</p> <p>Patients sent by a Consultant for blood tests were no processed at Morriston. SB CHC were advised anti-natal blood tests were not carried out at Singleton.</p> <p>We were told on the day that Monday was usually the worst day for both parking and waiting times, however, the day of the visit it seemed to be much better. Most patients we spoke to on the day of the visit commented on car parting issues, stating parking is awful, other advised they didn't bring a car, or caught a bus due to being unable to park</p>		<p>would ensure patients are booking in at the entrance, and prevent unnecessary delays.</p> <p>Almost all patients spoken to on the day made comments about the lack of parking at Morriston hospital. Whilst SB CHC is aware of the issues surrounding parking on Health Board sites we would ask whether any plans were being put in place to alleviate the situation.</p>		
THEMATIC REPORT Healthcare Services in Swansea Prison : A Prisoner's View	Report published 10.01.20	<p>In line with their Operational Plan for 2019/20, we set out to collect feedback from the men detained at HMP Swansea about their experiences of health care services whilst in prison. They used two methods to engage with the men at the prison to collect this feedback:</p> <p>Focus Group During June, July and August 2019, SB CHC staff visited HMP Swansea and spoke to 40 men to hear their stories. They spoke to</p>	N/A	<p>Mixed comments for improvements were received from the men, which included:</p> <ul style="list-style-type: none"> • Employ more medical staff including Tissue Viability Nurse, Mental Health Workers • Improve access to doctors • Improve services for people suffering with Alcoholism, mental health issues, dental pain. 	N/A	<p>Over half report being dissatisfied with the quality of care they received</p> <p>A third of men told us they were not satisfied with the health screenings at reception</p> <p>Almost half told us they had health care worries whilst they had been inside HMP Swansea</p> <p>A significant number of men did not feel they were treated by medical staff with dignity, care or respect</p> <p>Less than a quarter of men felt they had adequate access to a wide variety of health services in the prison</p> <p>A significant number of men were unhappy with the dental service provided in the prison.</p>		

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		<p>prisoners across several Wings at the prison, including B, F and G.</p> <p>Prison Health Care Survey Using the feedback received when they met with the men, they put together a questionnaire. 450 questionnaires were taken to the prison and 112 responses were completed giving a response rate of 24.8%</p>		<ul style="list-style-type: none"> • Prescriptions – reduce delays in the prescribing pathway • Improve access to services/service awareness; improve access to mental health care support; Provide an eye care service • Quicker services • Improve communication; feedback to prisoners; improve systems for information sharing. • Improve staff attitude • Co-ordination of care • Carry out routine inspections of healthcare 		<p>65% of men told us they experienced problems with medication:</p> <ul style="list-style-type: none"> • Delays accessing medicines, including medicines they've been prescribed before they enter prison or when they are being released. • Being left without vital medication including mental health medication and pain relief <p>Our survey results show that a high number of prisoners have a mental health problem, and</p> <ul style="list-style-type: none"> • A significant number of them are still waiting to receive mental health support. • Some men told us they or others were self-harming in order to be seen quicker by medical staff <p>Some men told us they were unaware of the additional mental health support services available at the prison, including the Prison In-Reach team and Lighthouse.</p> <ul style="list-style-type: none"> • Others told us they had been waiting a long time to be seen. <p>The results suggest that prisoners perceive a need for protection against hepatitis B, which they feel is not always being met.</p> <p>A significant number of men told us how frustrating they found it when they were not informed by medical staff that an appointment made for them had been cancelled.</p> <p>Information provision and communication are areas where the men feel experiences could be improved, particularly in relation to cancelled appointments.</p>		

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Gwaun Cae Gurwen Surgery	Visit undertaken on 12.12.19 Report received on 13.01.20	Announced monitoring visit to Gwaun Cae Gurwen	N/A	<p>Experience of telephone triage namely:</p> <ul style="list-style-type: none"> Long waiting times to get through to reception by telephone Difficulty accessing a GP The inability to book an appointment for a future date The cost of travel to hospital for services previously provided at the practice: one patient reported a return trip cost them £27 by taxi Receptionists asking patients too many questions <p>Other negative comments from patients were about:</p> <ul style="list-style-type: none"> Attitude of reception staff 	<p>Positive patient feedback related to the great attitude of medical staff</p> <p>Interior and exterior of practice clean and tidy</p> <p>Clear signage to help guide patients</p> <p>Staff were polite towards CHC members during the visit.</p>	<p>Parking facilities and surgery accessibility:</p> <ul style="list-style-type: none"> Limited parking spaces Pathway leading to surgery appeared narrow and the surface uneven Entrance door has a ridge There did not appear to be any signage to the front of the building to indicate the presence of the GP surgery – this may be problematic for new patients, patients directed from another surgery within Amman Tawe Partnership or patients with dementia <p>Opening times and out of hours information not accessible or visible to patients outside of surgery</p> <p>Environmental cleanliness on the day:</p> <p>Toilet facilities require some attention – absence of hand soap in the disabled toilet.</p> <p>Absence of any form of alarm in disabled toilet e.g. pull cord/button</p> <p>Reception area did not appear user friendly for patients with disabilities e.g. absence of hearing loop and dropped section for wheelchair users</p> <p>Seating in the waiting area - seating all of the same height and style.</p> <p>Absence of signage at reception to inform patients that there is a room available for them should they require confidential discussions</p> <p>Noticeboards appeared cluttered</p> <p>No CHC posters/ information on display</p>		Response requested by 26 th January, 2020

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